

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5	1					
6		5				
7		5				
8		5				
9		5				
10		5				
11		5				
12		5				
13	1					
14		1				
15		1				
16		1				
17		1				
18		1				
19		1				
20		5				
21		5				
22		5				
23		1				
24		1				
25		1				
26		1				
27	1					
28	1					
29	1					
30	1					
31	1					
32			1			
33						
34				2		
35				2		
36				2		
37			1	1		
38			1			
39			1			
40				2		
41				2		
42			1			
43				1		
44				1		
45				1		
46			1			
47				1		
48				1		
49						
50						
TOTAL IND.	11		6			
TOTAL DEP.		6		16		
TOTAL CLAIMS				22		

	★		★		★	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS